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Notice of Independent Review Decision

October 7, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TENS unit supplies

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Physical Medicine and Pain Management Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization reviews (08/05/13, 08/08/13)
- Office visits (01/16/08 - 08/09/13)
- Diagnostics (09/02/08, 09/12/08)
- Therapy (08/09/13)
- Office visits (04/30/13)
- Utilization reviews (08/05/13, 08/08/13)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is female who on xx/xx/xx, was injured. She had a brief loss of consciousness.

2008: On January 16, 2008, physical medicine and rehabilitation, evaluated the patient after last being seen two months ago. noted that since that time she had been trying to work on exercises for her neck, shoulders and lower back. She had been taking Flexeril and ibuprofen, which kept things under fair control. She had called Rehabilitative Services and they were working on vocational training for her. On exam, her neck was slightly protracted. She had a mild increase in muscle tone and mild restriction on extension and rotation of her neck to either side. Her shoulders were protracted. She had pain on abduction and external rotation of her shoulders. Her lower back showed a slight loss of the normal lumbar lordosis. She had mild problems with balance and ambulation. She was using a cane, which seemed to help her. recommended the patient to continue with DARS so she could be evaluated for a job which was mostly sedentary. Once they evaluated her, would try to set her up with alternate types of employment. He felt that Flexeril and ibuprofen were reasonable and necessary. He opined that the patient strained her left shoulder and caused her pain and limitation that she was having. Her biggest problem was reported to be her balance. The patient was to follow-up in two months.

On March 14, 2008, noted that the patient continued to have problems with her gait and had pain and tightness on the left side of her neck and tightness into her left shoulder. noted that the patient saw a designated doctor, who gave her 8% impairment, 5% for her neck and 3% for the gait abnormality. opined that the impairment rating of 8% was reasonable. He stated that Flexeril and ibuprofen were reasonable and necessary and that the only type of work the patient could do was no pushing and pulling, no climbing stairs or ladders, no overhead reaching and no lifting greater than 10 pounds.

On June 12, 2008, noted Flexeril and ibuprofen had been helping the patient. The patient was authorized for six more visits with the therapist. She had had only three visits with them and now was going to restart. Her major problem was difficulty with sleep. Lunesta was given in the past but it caused her to have problems with a hangover. She had had magnetic resonance imaging (MRI) scan of the brain and shoulder, which were all felt to be normal. Therefore, a soft tissue injury and some mild postconcussive syndrome were being primarily treated. stated that the patient still had a mild postconcussive syndrome and some mild cognitive skills, so as a result long-term, she might have some problems with irritability and with decreased focus. She also had a soft tissue injury. recommended Flexeril, ibuprofen, Ambien and therapy.

On July 11, 2008, noted the patient had been using a cane to get around and had finished her therapy at Total Physical Therapy which she felt had helped. refilled Ambien and recommended continuing Flexeril and ibuprofen.

On September 2, 2008, noted that the patient was doing well until xx/xx/xx, when she slipped and fell and landed on her right wrist. She had a sudden onset of fairly significant pain in her wrist. Since morning, it had become severely painful and swollen. Examination of the right wrist showed worst swelling and pain on the dorsum of her wrist in the carpal canal region and decreased grip strength. X-

rays of the right wrist showed a slight irregularity at the neck of the scaphoid but not severe. A 2-inch Ace wrap was applied to the wrist and the patient was recommended to use a 2-inch wrist splint and ice application to her arm every two hours. The patient was given some pain medication.

On September 4, 2008, reviewed the x-rays which revealed a possible suggestion of a fracture through the scaphoid, but it was only present on one view. The patient was still having exquisite pain and loss of range of motion (ROM) of her right wrist. History was positive for diabetes. The patient had swelling in the palmar aspect of the wrist and decreased grip strength. recommended obtaining MRI of the right wrist.

On September 10, 2008, stated that the patient had a closed head injury and neck injury on xx/xx/xx, and it made her gait and balance unsteady. He opined that it was due to the head and neck injury that she slipped and fell. The patient still had pain in her wrist. She had mild dizziness and difficulty standing which required her to use a cane. She had limited ROM of the cervical spine. She had limited ability to flex her digits and her finger due to swelling in her right wrist. recommended keeping the right wrist immobilized and obtaining MRI of the right wrist.

On September 12, 2008, MRI of the right wrist without contrast showed: (1) Tendinosis of the flexor digitorum superficialis of the index finger in the carpal tunnel and proximal palm. (2) Bursitis surrounding the flexor tendons in the proximal palm. (3) Small amount of fluid in the distal radioulnar joint of uncertain etiology.

On September 17, 2008, the patient followed up for her right wrist strain which occurred on xx/xx/xx, which opined was secondary to the closed head injury, dizziness and poor gait that she was having due to the xx/xx/xx, injury. reviewed the MRI and recommended working aggressively in an exercise program.

On October 8, 2008, noted the patient had been trying to work on the exercises for her right wrist. She had shown mild improvement, but still had pain, limited ROM and decreased grip strength. Her right wrist was still relatively immobile with mild decrease in strength and lack of full ROM. established that the patient's maximum medical improvement (MMI) on March 14, 2008, was based on the fact he did not anticipate any changes on the impairment rating. The patient had problem with cognitive deficits and difficulty with balance. She would continue to require medical treatment. opined that it was reasonable and necessary for her to continue the exercises for her neck, shoulders and lower back.

On November 21, 2008, noted that the patient had been working on exercises for her neck, shoulders and lower back. The patient reported that she had completed her PT program for her neck through June 18, 2008. The patient wanted re-evaluation of the impairment rating. It was opinion that the patient had 8% impairment on March 14, 2008, but she was approved for PT between May 28, 2008, and June 18, 2008. Her more accurate impairment rating would be as of

June 18, 2008. During the period of time between impairment of October 26, 2007, and impairment, the patient had undergone restorative therapy that had improved strength and ROM of her neck and shoulder; therefore, opined that the date of the impairment rating would be June 18, 2008 with an 8% whole person impairment (WPI) rating.

2009: On February 5, 2009, the patient reported doing fair. She was doing exercises. She reported periodically getting an ice-pick type pain in her middle thoracic region, especially if she overdid it. She was utilizing Flexeril, ibuprofen and amitriptyline. Cognitively she felt being more alert. recommended working on exercises for the neck, shoulders and lower back.

On April 30, 2009, noted the patient had a worsening headache and trouble taking hydrocodone and needed something for her symptoms. The patient had marked increase in muscle tone with resistance on extension and rotation to either side. recommended trying a Duragesic patch.

On June 11, 2009, the patient reported pain that started in the right side of her neck, going into her right shoulder and into her right wrist. She also had a ganglion cyst on the dorsum of her right wrist. She was taking Flexeril, amitriptyline and ibuprofen. Examination showed slightly protracted neck along with pain on extension and rotation of her neck to the right side. Her right wrist showed mild instability in the anterior and posterior translation and decreased grip strength. recommended continuing medications and an aggressive exercise program. The patient continued to be disabled from employment.

On September 9, 2009, noted the patient continued to work on the exercises for her neck, shoulders and lower back. The patient reported getting irritable due to the head injury and distractibility due to the head injury and loss of ROM of her shoulder and right wrist. felt that the patient had a closed-head injury and shoulder strain due to the xx/xx/xx, injury. He recommended continuing medications and exercises. Per addendum, the patient was hit on the top of the head by a box that fell. It was not from a slip and fall.

On November 11, 2009, the patient reported having increasingly severe pain in her neck and right rhomboid region. She had mild relief with Ambien, Flexeril and ibuprofen. Examination showed a blunted affect and a paucity of speech output. Her neck and right shoulder was protracted. She had pain on extension and rotation of her neck to either side and shoulder pain on abduction and external rotation. There were multiple trigger points in her right rhomboid region. opined that the patient would benefit from trigger point injections (TPIs).

2010: On May 3, 2010, noted the patient continued to do neck and shoulder exercises. She had been taking ibuprofen and her primary care physician (PCP) was concerned about the high level of ibuprofen. She would be taking 2,400 mg a day. She was seen in the emergency room (ER) and was given Toradol 10 mg with good results. The patient wanted to continue that. She was also started on Robaxin which worked well. recommended trying Mobic along with Robaxin and

continuing aggressive exercise program for the shoulders and lower back. The patient was to use a bowling glove for some support as she was having instability in her right wrist.

On November 1, 2010, noted that the patient had been unable to work because of difficulty with cognition and difficulty with isolation of function with her right arm. She had been trying to exercise as best as she can. recommended exercises for the neck, shoulders and right wrist. He opined that Darvocet was reasonable and necessary. The patient continued to be totally and permanently disabled due to the closed-head injury and the flexor synergy pattern of her right upper extremity.

2011: On May 2, 2011, noted that the patient still had trouble with cognition, concentration, decision-making and organization skills and pain that started in her neck and referred into her right shoulder and limited ROM of her neck and shoulder. opined that tramadol was reasonable and necessary and recommended follow-up in six months if she was still having symptoms.

On October 31, 2011, the patient reported doing fair. She reported that as long as she took tramadol, she would get some relief. She still had an antalgic gait and difficulty with balance. She had been using a cane to help assist herself in that regard. recommended continuing tramadol and the exercises.

2012: On May 1, 2012, noted the patient doing about the same. She had been trying to work on the exercises on her neck and her right arm. She still had the chronic, persistent pain from her right cervical, shoulder and chest wall injury. She also had difficulty with chronic pain and coping due to the mild closed head injury. recommended continuing tramadol and taking hydrocodone periodically for all other reasons as long as she just took it for short periods of time.

On October 30, 2012, noted the patient had pain that started in her neck and went into the right shoulder. She had mild balance disorder from the closed-head injury. Examination showed slightly protracted neck and pain on extension and rotation to the right side radiating into the right shoulder. She had slight upper extremity weakness on the right side. Finger to nose testing on the right was slower than the left. Examination of the back showed a slight flattening of the normal lumbar lordosis and pain on extension and rotation to either side. opined that the patient had a mild head injury along the cervical strain referring into her right shoulder. recommended continuing tramadol and an aggressive exercise program. The patient stated her cardiologist, had recommended walking.

2013: On April 30, 2013, the patient followed-up for closed-head injury, right shoulder strain, right cervical strain, chest wall strain and right wrist pain with chronic persistent pain on the right side of her neck. The patient had been taking tramadol and had been on a fairly aggressive exercise program to help her neck, shoulders and lower back. It was noted that the patient was treated with a PT program six years ago and she worked with the therapist who provided her with a transcutaneous electrical nerve stimulation (TENS) unit and she was able to decrease her pain medication to tramadol. She was able to eliminate the

Duragesic patch. She was walking further and achieved better ROM and stability of her cervical spine. She had been using the TENS unit with the assistance of her husband at least once a day. Examination showed slightly protracted neck with mild increase in muscle tone on the right side of her neck and pain on extension and rotation to the right side. Her lower back showed a slight flattening of the normal lumbar lordosis and pain on extension and rotation to either side. He opined that tramadol was reasonable and necessary. He further opined that TENS unit had been successful in decreasing her usage of pain medication and it had improved her function and ROM of her neck. He felt that it was reasonable and necessary to continue the TENS unit. He recommended new TENS unit supplies, but there was a question whether her TENS unit was actually functioning at this time. If the new supplies did help, she will need a replacement for her TENS unit. He recommended follow-up in six months.

Per utilization review dated August 5, 2013, the request for TENS unit supplies was denied with the following rationale: *"I was not successful in reaching the doctor; therefore, this determination is based on the available medical records and the applicable evidence-based state guidelines. Should contact be established with the physician within the case review window, the review will be amended accordingly. At present, the records and the evidence-based citations do not support certification of the request. There is no documentation that the use will be part of an evidence-based functional restoration program. There is no mention about what supplies are needed, and for how long."*

Per reconsideration review dated August 8, 2013, the request for TENS unit supplies was denied with the following rationale: *"Based on the clinical information provided, the appeal request for TENS unit supplies is not recommended as medically necessary. Initial request was non-certified noting that the records and the evidence-based citations do not support certification of the request. There is no documentation that the use will be part of an evidence-based functional restoration program. There is no mention about what supplies are needed and for how long. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The only record provided is a follow-up note from April. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The patient's current medication regimen is unknown and the request is nonspecific. Peer-to-peer was unsuccessful. Addendum: I discussed the case at 3:50 pm CST on August 8, 2013. Per telephonic consultation, he stated that the patient is an involved patient who has used the TENS unit successfully for many years. He will send a summary of her care, current care plan, and exam. However, at the time of submission no additional records were submitted for review. There is insufficient information to support a change in determination, and the previous non-certification is upheld."*

On August 9, 2013, the patient underwent a functional capacity evaluation (FCE). It was noted that the patient was injured on xx/xx/xx. She had a brief loss of consciousness, but her main problem had been pain and stiffness in her neck and right shoulder. She was given a TENS unit six years ago and she used it six

hours a day with the goal of increasing her ROM and strength and decreasing her medication usage. She had continued to use the TENS unit on her neck and right shoulder and it decreased the muscle tone in that area, improved her pain tolerance and allowed her to be physically more active with pushing, pulling and lifting with her right upper extremity. Her TENS unit was replaced recently. She was trying to get new supplies in order to manage the TENS unit. She was able to get the pads to last sometimes a month as long as she was careful. Her husband assisted her with the 4-lead TENS unit which he applied across her cervical spine and upper thoracic spine and he would leave it on for six hours. This allowed her to keep her head up better, keep her shoulder back and decrease her pain medication. She had been taking tramadol and had gone through two PT programs. The goal was to get her on an independent home exercise program (HEP) that she was able to do. recommended continuing the TENS unit. The patient needed prescription for a refillable TENS unit pads. She stated she used four pads a month which felt was reasonable and this would be needed to be done as long as she was having symptoms. The patient was to continue tramadol.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Additional treatment notes from the treating physician – 04/30/13 and from the Functional Capacity Evaluation 08/09/13 has dictated specific functional benefit from the TENS unit in conjunction with the ability to decrease the use of opioid analgesics. Claimant is reportedly active in a HEP along with the use of the TENS unit.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES